

AUG 01 2005
PATENTS & TRADEMARKS

AF
2134
JFW

TRANSMITTAL FORM

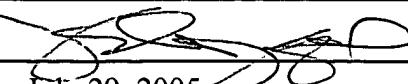
(to be used for all correspondence after initial filing)

		Application No.	09/896,321
		Filing Date	June 29, 2001
		First Named Inventor	Preston J. Hunt
		Art Unit	2134
		Examiner Name	Polorak, Piotr
Total Number of Pages in This Submission	14	Attorney Docket Number	42390P11147

ENCLOSURES (check all that apply)

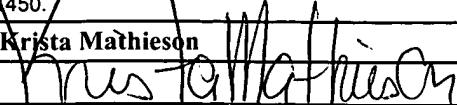
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;">Return postcard; certificate of mailing.</div>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Aslam A. Jaffery, Reg. No. 51,841 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	July 29, 2005

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Krista Mathieson
Signature	
Date	July 29, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete if Known	
Application Number	09/896,321
Filing Date	June 29, 2001
First Named Inventor	Preston J. Hunt
Examiner Name	Polorak, Piotr
Art Unit	2134
Attorney Docket No.	42390P11147

METHOD OF PAYMENT (*check all that apply*)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	21	0	50.00	\$0.00
Independent Claims	3	0	200.00	\$0.00
Multiple Dependent			=	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)				(\$) 0.00

***or number previously paid, if greater. For Reissues, see below.*

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Description

te filing fee or oath
te provisional filing fee or cover sheet.
specification
epty within first month
epty within second month
epty within third month
epty within fourth month
epty within fifth month
eal
support of an appeal
al hearing
stitute a public use proceeding
e Commissioner
o under 37 CFR 1.17(q)
Information Disclosure Stmt
ession after final rejection (37 CFR § 1.
ational invention to be examined (37 CFR § 1.

Other fee (specify)

SUBTOTAL (2)

Fee Paid

SUBMITTED BY

Complete (if applicable)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Aslam A. Jaffery	Registration No. (Attorney/Agent)	51,841	Telephone (303) 740-1980
Signature			Date	07/29/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.
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Our Docket No: 42390P11147

**RESPONSE UNDER 37 C.F.R. § 1.116
-- EXPEDITED PROCEDURE --
EXAMINING GROUP 2100**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Preston J. Hunt)
Application No: 09/896,321) Examiner: Poltorak, Piotr
Filed: June 29, 2001) Art Unit: 2134
For: MESSAGE DIGEST BASED DATA)
SYNCHRONIZATION)

)

RESPONSE AFTER FINAL

AF
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the final Office Action mailed June 7, 2005, Applicant respectfully requests the Examiner to enter the following amendment and to consider the following remark.

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that I am causing the above-referenced correspondence to be deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and that this paper or fee has been addressed to the Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit: July 29, 2005

Name of Person Mailing Correspondence: Krista Mathieson

Krista Mathieson
Signature

July 29, 2005
Date